

**WHAT I HAVE**Looking for instructions? Download at www.fosterclub.org

My current mode(s) of transportation:

☐ my vehicle ☐ friend/family provides ☐ public transportation ☐ bicycle ☐ walk ☐ other:

Transportation needed for (school, employment, recreation, etc.):

Driver's license status: ☐ have license ☐ have permit ☐ do not have

Date obtained:

Auto insurance (company name):

Policy number:

RESOURCES AVAILABLE TO MEFind 'em at www.fosteringconnections.org

Assistance type

Eligibility (what I need to qualify)

Who I contact (and how to apply)

THIS IS MY PLANGet ideas about how to make a plan at www.fosterclub.org

Short term (1 year) goals

Steps & services (and who will help me)

Progress

Plan after I leave foster care:

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Long term goals (five years from now, my transportation goal is):

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READINESS SCALENeeds work ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 Prepared